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had exact matches, probably from a relative, a live donor. Since the time the program was started, we have transplanted other organs: pancreas, heart, lungs. Also, people even with kidney donation are able to have transplanted organs that aren't perfect matches. That is, they are from a cadaver. They may have a match, they may be a live donor match... "nonmatch", but they can be transplanted and, as a result, the formulary needs to have drugs that are more recent that make that possible. What's happened in other states is they've added those immunosuppressive medications to their formularies. It's something Nebraska didn't do, and I have listed some of the states that do cover these drugs: Minnesota, Iowa, Oklahoma, Illinois, Indiana, and Wisconsin. And we were just looking for those states in the Midwest with something similar in their programs. What this bill would do is create a fund similar to and add to the Renal Disease Program Fund an additional \$250,000 to be able to help those people who have financial difficulties in meeting the costs of immunosuppressive drug coverage. The program would be administered by the same program, the Nebraska Chronic Renal Disease Program, that has experience, already has a formulary, and the department would just, through their normal process of updating the formulary and establishing rules and regulations, add these funds for that purpose. The funds are a limited, capped fund, so when they're gone they're gone. So it's up to the decision of the department to establish the regulations to make them last as long as they can in a calendar year, to put the restrictions on the fund that may need to be there. Currently, the Renal Program is also a capped fund and when they're out of funds for that particular year people just aren't able to get reimbursed for some of their costs. To get to the reasons why it's important that we move forward on this I'd just like to point to the blue sheet that you have on your desk and attached to it is testimony from the original hearing, but the point we have gotten to with transplantation for a lot of moderate and low-income working families is that originally, years ago, the cost of the drugs were lower, but also costs of "copays" were lower. I can remember in my family's recent history a "copay" for a prescription was \$5 in our insurance. Now it's up to \$25. Well, people who have transplants have to take multiple medications every month and sometimes, depending upon their coverage, this can amount to several hundred dollars